



Iowa Department of Human Services

Iowa Medicaid: Beyond the Basics



Topics

- Provider Agreements
- Fraud, Waste, and Abuse
- Program Integrity
- Third Party Liability
- Prior Authorization
- IME Remittance Advice
- Verifying Eligibility
- Communication



Provider Agreement



Provider Agreement

Provider Agreement Defined

- An agreement between the State of Iowa, Department of Human Services, and the Provider
 - All providers in your organization are bound to the Agreement
- Outlines the responsibilities and expectations for participating providers
- Renewal is performed every 5 years



Provider Agreement

Section One: Provider Agrees To...

- Follow their professional standards and the rules and policies of the department
- Comply with applicable Federal, State and local laws, regulations, administrative rules, and executive orders when performing services
- Check the program exclusion status of individuals and entities *prior* to employment or contracts



Provider Agreement

Section One *continued*

- Ownership and control information must be disclosed
- Person who has 5% or more controlling interest in the provider
 - Include name, date of birth, Social Security Number or other Tax ID number
 - Any disclosing entity where the owner of the disclosing entity has an ownership or control interest
 - Info of any managing employee of disclosing entity₆



Provider Agreement

Section One *continued*

- Ownership and control information must be disclosed upon:
 - Provider submitting the proposal in accordance with the State's procurement process
 - Provider executing a Provider Agreement with the State
 - Renewal or extension of the Provider Agreement
 - Within 35 days after any change in ownership of Provider



Provider Agreement

Section One *continued*

- Disclose persons convicted of a criminal offense involving any program under Medicare, Medicaid, or the Title XX programs
- The Inspector General of the HHS must be notified by DHS of any disclosures within 20 days from the date the information was received
- The Inspector General of HHS will be notified of any action DHS takes against the provider



Provider Agreement

Section One *continued*

- Providers must comply with the requirements of the False Claims Act
- Employees must have access to written policies about the False Claims Act including:
 - Detailed information about the provider's policies and procedures for detecting and preventing waste, fraud, and abuse
 - The rights of employees to be protected as whistleblowers



Provider Agreement

Section One *continued*

- Providers acknowledge that payment of claims is from federal and state funds
- Any concealment or falsification is subject to prosecution
- Meet any licensure, certification or other regulatory requirements applicable to that provider type



Provider Agreement

Section two: Reimbursement

- All services rendered to enrolled members must be rendered by provider seeking payment
- The provider agrees to pursue other health coverage prior to submitting a claim to the IME
- The provider receiving payment shall accept payment from the IME as payment in full
 - Providers cannot bill, retain, or accept payments for any additional amounts beyond the primary payer



Provider Agreement

Section two: Reimbursement

- Providers agree to immediately repay any claims where payment was received after the IME paid
 - Repay any member if a payment was received prior to submitting the claim to the IME
- Providers agree to report and return any overpayment within 60 days from the date the overpayment is identified or by the date any corresponding cost report is due



Provider Agreement

Section two: Reimbursement

- The IME will adjust payments to satisfy any past-due obligations of a provider
 - Includes other providers under the same Tax ID
- The IME may withhold payments based on credible evidence of fraud
- The IME may notify the provider of the temporary suspension of their Agreement
 - Suspended provider may not bill for services rendered during suspension period



Provider Agreement

Section three: Notices

- All written notices delivered in person or sent to address on file are considered delivered
- Providers must notify the IME within 35 days of any change including, but not limited to:
 - Changes in the provider's license or certifications
 - Indictment, arrest or conviction for a criminal offense
 - Change in ownership or control, and
 - Change in address
 - Addition or removal of practitioners



Provider Agreement

Section four: Records

- Provider agrees to maintain records and documents for a minimum of 5 years from final payment or completed audit
- Provider shall maintain adequate medical, financial and administrative records as outlined in sections 441-79.3 and 79.4 of the Iowa Administrative Code

www.legis.iowa.gov/docs/ACO/chapter/441.79.pdf



Provider Agreement

Section Five: Miscellaneous

- The Provider Enrollment Application signed and submitted is incorporated into the Agreement
- The Provider agrees to notify the IME within 30 days of a change in the Enrollment Application
- The provider is an independent contractor and not employed by the State, DHS, or the IME
- Agreement may be amended at any time by updating the website and releasing an informational letter



Provider Agreement

Section Six: Terminations

- Providers may terminate Agreement at any time
- The IME may terminate this Agreement with 30 days written advance notice after determining:
 - The provider is not complying with the provisions outlined in the Agreement
 - The provider has not submitted any claims for 24 months
 - Provider licensure or certification is terminated
- In accordance with IAC 441-79



Provider Agreement

Amendments

- Notice released that the provider agreement is being amended
- Clarifies the most recent laws, administrative rules, and other policies will be followed by the provider and the IME
- Clarified that all patient managers (MediPASS, Iowa Wellness, health home providers, and/or ACOs) are business associates of the IME



Provider Agreement

Summary

- The Provider Agreement is a legal document
- It addresses numerous points within the Iowa Administrative Code and several Federal regulations
- Please read it carefully
- Available electronically at:

<http://dhs.iowa.gov/sites/default/files/470-2965.pdf>



Fraud, Waste, and Abuse



Fraud, Waste, and Abuse

Definitions

- **Fraud:** Any act that constitutes fraud under applicable Federal or State law. Any intentional deception or misrepresentation with the knowledge of a potential unauthorized benefit
- **Waste:** Practices that spend carelessly or inefficiently use resources, items, or services
- **Abuse:** Inconsistent fiscal, business, or medical practices that result in unnecessary cost or payment for services billed



Fraud, Waste and Abuse

Most Common Types

- Billing for services not performed
- Billing for unnecessary services
- Upcoding or unsubstantiated diagnosis
- Billing outpatient services as inpatient services
- Over-treating/lack of medical necessity
- Billing for unauthorized services
- Incorrect coding for the services provided



Fraud, Waste and Abuse

Identification and Prevention

- Office of Inspector General (OIG) is responsible for investigating fraud, waste, and abuse
- **OIG's mission is to protect the:**
 - Integrity of health and human services programs in Iowa
 - Health and welfare of the recipients in those programs



Fraud, Waste and Abuse

Identification and Prevention

- OIG activities are designed to:
 - Identify and reduce waste, abuse, fraud, or misconduct
 - Improve efficiency and effectiveness throughout the HHS system



Fraud, Waste, and Abuse

Reporting Fraud

- To report instances of possible fraud or abuse, contact one of the following:
- Medicaid Fraud Control Unit (MFCU)
 - 1-800-831-1394
- Iowa Medicaid Program Integrity
 - 1-877-446-3787 or 515-256-4615 (Des Moines area)



Fraud, Waste, and Abuse

Medicaid Fraud Control Unit (MFCU)

- Federal law requires each state to have a federally funded MFCU
- Investigate and prosecute Medicaid Provider fraud, patient abuse, & neglect by healthcare providers
 - Receive referrals from Program Integrity
 - Employs investigators, auditors, and attorneys



**441- 79.4(249A):
Reviews Performed
by Program Integrity**



Program Integrity Reviews

79.4(2) Review

- If the department has correctly paid
- If the provider has furnished billed services
- If provider records substantiate submitted claims
- If provided services were in accordance with policy



Program Integrity Reviews

79.4(2)b

- Form 470-4479, Documentation Checklist
- Lists specific documents to be requested for Program Integrity review



Program Integrity Reviews

79.4(3)

- Records must be submitted within 30 days of written notification
- Extension of time limits up to 15 days when:
 - Established good cause
 - Request received before deadline



Program Integrity Reviews

79.4(3)

- Announced or unannounced on-site reviews occur regularly
- Review procedures may include:
 - Comparing clinical record against claim
 - Interviewing members & staff
 - Examining TPL records
 - Comparing usual & customary fees



Program Integrity Reviews

79.4(4)

- Preliminary report of review findings
- If overpayment has occurred, a “preliminary report of a tentative overpayment” (PROTO) letter is issued
- Provider has opportunity to request reevaluation



Program Integrity Reviews

79.4(5)

- Disagreement with review findings
- Written reevaluation request received within 15 calendar days of notice date (PROTO)
- Provider can submit clarifying information or supplemental documentation within 30 days of the date of the PROTO letter



Program Integrity Reviews

79.4(6)

- Finding and order for repayment
- When reevaluation or expiration of deadlines has passed
 - Order for repayment of over payment
 - The IME may withhold payments from other claims



Program Integrity Reviews

Medical Record Loss

- Form 470-4560 Attestation of Medical Record Loss or Destruction
- www.ime.state.ia.us/Providers/Forms.html
- Only used for documents that were partially or completely destroyed
 - One form must be filled out & maintained for each member
- Must be supported by a disaster declaration by the Governor of Iowa



Home and Community Based Services HCBS Oversight



HCBS Oversight

Unit Activities

- Oversight
- Incidents/Complaints
- Chapter 24
- Training
- Provider Certification
- Technical Assistance
- IPES/MFP Surveys



HCBS Oversight

Process

- Provider Self-Assessment
- Review types
 - Periodic
 - Certification
 - Focused
 - Targeted
- Incidents and Complaints



**Health Insurance Premium
Payment
HIPP
Program**



HIPP

Premium Payment

- The HIPP program may be available to Medicaid eligible members
 - including the Iowa Health and Wellness Plan
- Can provide premium assistance for employer or private health insurance policies
- When Medicaid members have other insurance it is a win, win, win for everyone
 - Other coverage pays first-win
 - Provider is reimbursed at higher rates-win
 - Member has health insurance premiums paid-win



HIPP

Qualifying

- To qualify for HIPP an individual must:
 - Be Medicaid eligible or be a household family member of a Medicaid-eligible individual;
 - Be offered employer-sponsored coverage or have an individual policy; and
 - Qualify based on cost-effectiveness criteria



HIPP

Questions?

Contact:

Phone: 515-974-3282 or 888-346-9562

Fax: 515-725-0725

E-mail: HIPP@dhs.state.ia.us

US Mail: HIPP Unit

PO Box 36476

Des Moines IA 50315-9907

Information is also available on the website:

<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>



Prior Authorization PA



Prior Authorization

PA Types

- HCBS Waiver Prior Authorization
- High Tech Prior Authorization
- Medical Services Prior Authorization
 - Includes durable medical equipment (DME)
- Dental Prior Authorization
- Codes that require a PA are available here:

<http://dhs.iowa.gov/ime/providers/claims-and-billing>



Prior Authorization

HCBS Waiver PA

- Implemented on October 1, 2010, to assist with service plan development
 - Consumer Directed Attendant Care
 - Home & Vehicle Modification
 - Prevocational Services
 - Environmental Modifications
 - Adaptive Devices
- Reviewers determine if the units in the service plan are medically necessary



Prior Authorization

High Tech

- Certain elective high tech radiologic tests
- Utilizes an online tool-McKesson's Clear Coverage
- Requests that meet medical necessity automatically approved
 - Determination on other requests in 3-5 business days
- Not required for ER or inpatient visits
- Details available at:

<http://dhs.iowa.gov/ime/providers/claims-and-billing/HTRPA>



Prior Authorization

General PA

- Certain services and supplies require prior authorization
 - Some Durable Medical Equipment (DME)
 - Some outpatient procedures
 - Some surgical procedures
- Codes that require a PA are listed here:
<http://dhs.iowa.gov/ime/providers/claims-and-billing>



Prior Authorization

Dental PA

- Codes that require a PA are listed here:
<http://dhs.iowa.gov/ime/providers/claims-and-billing>
- PA requests are faxed to the Medical Services Dental PA unit
- Fax number 515-725-0938
- Turnaround time is typically 5-10 business days



Prior Authorization

PA Form

- Form 470-0829 Available on the IME website:
<http://dhs.iowa.gov/ime/providers/forms#PAPHD>
- Does not override
 - Eligibility
 - Primary Insurance
 - Claim Form Completion
- Questions-contact PA Unit directly at:
1-888-242-2070 or (515) 256-4624



Third Party Liability TPL



Third Party Liability

TPL

- Third Party Liability is primary insurance
- Iowa Medicaid is the payer of last resort
- *Exception*-pay and chase
- TPL payment must be noted on the claim
- Two or more TPL, payments should be combined on the claim



Third Party Liability

TPL Denial

Insurance denial **can** be indicated when:

- Denial was received for the identical service in a previous month
- Denial is received by telephone and documented in records
- Insurance is a supplement to Medicare and Medicare denied
- All charges were applied to the deductible
- Final denial for non-coverage



Third Party Liability

TPL Denial

Insurance denial **cannot** be indicated when:

- Payment was made to the member or member's family
- Denial was due to requested information not received
- Denial was made for claim completion errors
- Member did not follow TPL policies
- Due to the provider not requesting prior authorization from insurance



Third Party Liability

Updating TPL

- Members can call Member Services to update their insurance information or
- Providers may complete the Insurance Questionnaire (IQ) found at <http://dhs.iowa.gov/ime/providers/forms#PAPHD> Form #470-2826
- The IQ form can be emailed to revcol@dhs.state.ia.us or faxed to 515-725-1352



Electronic Billing



Electronic Billing

Electronic Data Interchange

- Providers must enroll with Electronic Data Interchange Support Services (EDISS) through the EDI Connect Program
www.edissweb.com/med/registration/
- PC-ACE Pro32-Free software available through DHS
- PC-Ace Pro32 Help Documents available at:
<http://dhs.iowa.gov/ime/providers/forms#PAPHD>



Electronic Billing

Claim Attachments

- Supporting documentation for electronic claims may be submitted with Form 470-3969, Claim Attachment Control
- When completing the electronic claim, enter an Attachment Control Number (ACN) in the ACN field
- On PC-ACE Pro 32, the ACN box is located on the
 - ***Institutional claim*** on the *Extended General tab*
 - ***Professional claim***, use the EXT Pat/Gen (2) tab
- The ACN field is loop 2300 segment PWK05-06



Explanation of Benefits EOB



Explanation of Benefits

Remittance Advice (RA)

- Iowa Medicaid maintains two forms of RAs
 - Remittance Advice on Iowa Medicaid Portal Access (IMPA)
 - 835 electronic transaction
- Both maintain EOB information for providers
- EOB Crosswalk is available at:
<http://dhs.iowa.gov/sites/default/files/EOB%20Crosswalk.pdf>



Explanation of Benefits

Remittance Advice (RA)

- IMPA RAs are available each Monday
- Historical RAs available for 18 months
- Providers register for access to IMPA
- Register on IMPA at:
<https://secureapp.dhs.state.ia.us/impa/>



Explanation of Benefits

Electronic Remittance Advice (ERA)

- 835 electronic transaction
- Registration is done on EDI Connect at:
<https://connect.edissweb.com/>
- FAQ at:

www.edissweb.com/cgp/registration/faq-5010era.html



Explanation of Benefits

Top 10 Denial Reasons

- Exact duplicate
- Procedure/treating provider conflict
- Medicare paid amount is \$0.00
- Invalid Managed Care provider referral
- Services not covered for recipient (member ineligible)
- Invalid procedure code/modifier
- TPL on recipient file not on claim
- Missing billing provider NPI (incorrect Taxonomy or zip)
- Medicare eligible member, claim not a crossover



Return To Provider

Top Reasons for Returned Claims

- Missing, unreadable, invalid National Provider Identifier (NPI)
- Multiple claims received with one set of documentation
- Claim is a photocopy
- Medicare Crossover Invoice is missing
- Double imprinter number

Total RTP letters created for calendar year 2013:
16,632



Transaction Control Number TCN



Transaction Control Number

TCN

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
0	1	4	1	8	2	0	0	1	0	2	0	2	3	4	0	0

- Iowa Medicaid tracks claims with a 17 digit Transaction Control Number
- Each digit represents identification information



Transaction Control Number

TCN

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
0	1	4	1	8	2	0	0	1	0	2	0	2	3	4	0	0

- Field 1

1= Point of Sale Claim (Pharmacy)

0=Paper Claim Submission

3=Electronic Claim

4=System Generated

5=Specially Handled/Exception Claim



Transaction Control Number

TCN

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
0	1	4	1	8	2	0	0	1	0	2	0	2	3	4	0	0

- Fields 2 through 6 Julian Date
 - 2-3 Calendar Year
 - 4-6 Claim Receipt Date



Transaction Control Number

TCN

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
0	1	4	1	8	2	0	0	1	0	2	0	2	3	4	0	0

- Fields 7 and 8 Microfilm Reel
 - 7=Microfilm reel machine
 - 8=Microfilm reel number
- NOT currently utilized



Transaction Control Number

TCN

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
0	1	4	1	8	2	0	0	1	0	2	0	2	3	4	0	0

- 9 through 11 Batch number assignment
 - 001-499=Dakota Imaged claim
 - 500-599=Credit/Adjustment claim
 - 511-519=Medically Needy
 - 600-699=Mass Adjustment Claim
 - 700-799=Mass Provider Rate Change
 - 800-950=POS Claim



Transaction Control Number

TCN

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
0	1	4	1	8	2	0	0	1	0	2	0	2	3	4	0	0

- Field 12 Claim Type
 - 0=Original claim
 - 1=Credit/Recoupment
 - 2=Adjustment



Transaction Control Number

TCN

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
0	1	4	1	8	2	0	0	1	0	2	0	2	3	4	0	0

- 13 through 15 Claim Number



Transaction Control Number

TCN

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
0	1	4	1	8	2	0	0	1	0	2	0	2	3	4	0	0

- 16 through 17 Line Number or Attachment Number



Verifying Eligibility



Verifying Eligibility

Voice Eligibility Verification System

ELVS

- Eligibility information available 24/7
- Eligibility information is not prospective

Providers can verify:

- Monthly eligibility
- Spenddown
- TPL insurance
- Managed Health Care information
- Other administrators (Marketplace Choice, Iowa Plan, Meridian, Delta Dental)
- Limited vision and dental history
- Current check amounts



Verifying Eligibility

ELVS

- Access ELVS at:
 - Time service is provided or requested
 - When a person presents a *Presumptive Eligibility* Notice of Action
 - Confirm member's remaining spenddown amount
- Call one of these phone numbers:
 - Des Moines area: 515-323-9639
 - Toll Free: 1-800-338-7752



Verifying Eligibility

EDISS Web Portal

- The Web Portal is an online eligibility verification system
- Login ID and password obtained through EDI
- Multiple User Access available
- Web Portal link:

<https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do>



Communication & Information

- IME Website- <http://dhs.iowa.gov/ime>
 - Provider manuals-*updated!*
 - Informational Letters
- Provider Services phone line
 - 1-800-338-7909 or (515) 256-4609 (7:30 AM – 4:30 PM)
- IMPA Remittance Advice comments
- Email Updates through
IMEProviderCommunications@dhs.state.ia.us



Provider Services Outreach Staff

Offer the following services:

- On-site training
- Escalated claims issues
- Managed care education
- email imeproviderservices@dhs.state.ia.us